

AFTER RECORDING MAIL TO:

Name Steven Charles Rayburn

Address 2430 S Springwood Ct.

City/State Lafayette, CO 80026

scrc 31344

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH

2.

3.

4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. HENDRYX, DORIS ETHEL

2.

3.

4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. STEVEN CHARLES RAYBURN AS SUCCESSOR TRUSTEE OF THE DORIS E. HENDRYX TRUST

2. DATED AUGUST 13, 2007

3.

4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

S3 T3N R10E

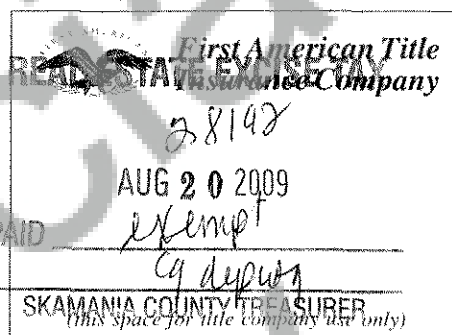
☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 03-10-03-0-0-0100-00

03-10-02-0-0-0200-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
HOLD TO LIGHT TO VIEW WATERMARKSTATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

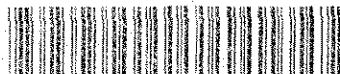
DECEDENT		1. DECEDENT'S NAME (First, Middle, Last) Doris Ethel HENDRYX		2. SEX Fe	3. DATE OF DEATH (Month, Day, Year) April 17, 2009
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE - Last Birthday (Years) 90	5b. UNDER 1 YEAR Mos. Days Hrs. Mins.	5c. UNDER 1 DAY Hrs. Mins.	6. DATE OF BIRTH (Month, Day, Year) May 25, 1918	7. BIRTHPLACE (City and State or Foreign Country) White Salmon Washington
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		9a. PLACE OF DEATH (Check only one) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☒ Nursing Home ☐ Residence ☒ Other (Specify) Hospice		9b. COUNTY OF DEATH Boulder	
9b. FACILITY NAME (If not institution, give street and number) Boulder Broomfield Hospice Care		9c. CITY, TOWN, OR LOCATION OF DEATH Louisville		9d. STREET AND NUMBER 2430 S. Springwood CT.	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	12. SPOUSE (If wife, give maiden name) Bethewel Hendry
13a. RESIDENCE-STATE Colorado	13b. COUNTY Boulder	13c. CITY, TOWN, OR LOCATION Lafayette	13d. STREET AND NUMBER 2430 S. Springwood CT.		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE 80026	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE: American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) 12
PARENTS		17. FATHER NAME (First, Middle, Last) Stephen Frank Wuuk		18. MOTHER NAME (First, Middle, Last (Maiden Name)) Leah May Bellinger	
DISPOSITION		19. INFORMANT NAME and relationship to decedent Steven C. Rayburn (Son)		20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Avalon Crematory		20c. LOCATION - City or Town, State Lafayette, Colorado			
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. NAME AND ADDRESS OF FACILITY: Avalon Funeral Home 1320 Centaur Village Dr. Lafayette, Colorado ZIP: 80026			
22a. REGISTRAR'S SIGNATURE <i>[Signature]</i>		22b. DATE FILED (Month, Day, Year) April 20, 2009			
23. TIME OF DEATH (Month, Day, Year) 0145 April 17, 2009		24. DATE PRONOUNCED DEAD (Month, Day, Year) April 17, 2009		25. WAS CORONER NOTIFIED? (Yes or No) Yes	
CERTIFIER			TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		
26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>			27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>		
28. DATE SIGNED (Month, Day, Year) 4/18/09			29. DATE SIGNED (Month, Day, Year)		
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/print) GEORGE STARK M.D. 1955 PIAZZA DR. LOUISVILLE, COLORADO ZIP: 80027					
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/print)					
CAUSE OF DEATH					
32. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined Manner		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY M	33c. INJURY AT WORK? ☐ Yes ☒ No	33d. DESCRIBE HOW INJURY OCCURRED
33e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))		33f. LOCATION (Street and Number or Rural Route Number, City, County, State)			
34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone. PART I (a) DUE TO OR AS A CONSEQUENCE OF pneumonia (b) DUE TO OR AS A CONSEQUENCE OF infection (c) DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death days Interval between onset and death minutes Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part I (e.g., alcohol abuse, obesity, smoker).					35. AUTOPSY (Yes or No) No
36. IF YES were findings considered in determining cause of death?					

DATE ISSUED

APR 20 2009

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Ronald S. Hyman
RONALD S. HYMAN
STATE REGISTRAR



004222154

REV 01/07



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 'A'

PARCEL I

Government Lots 1 and 2 in Section 3, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington.

Excepting therefrom the following:

1. That portion conveyed to Edmond C. Quigg by instrument recorded in Book 109, Page 841.
2. That portion conveyed to John R. Siders by instrument recorded in Book 144, Page 816.
3. Except that portion lying within County Roads.

PARCEL II

The South 40.03 feet of a tract of land in the Northwest Quarter of the Northwest Quarter of Section 2, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the West line of said Section 2, which is South 03°05'33" East 628.89 feet from the Northwest corner of said Section 2; thence North 03°05'33" West along the West line of said Section 2, a distance of 628.89 feet to the Northwest corner of said Section 2; thence North 89°52'00" East along the North line of said Section 2 a distance of 740.00 feet; thence South 03°05'33" East parallel with the West line of said Section 2 a distance of 632.62 feet; thence South 89°09'21" West parallel with the South line of the Northwest Quarter of the Northwest Quarter of said Section 2 a distance of 740.14 feet to the true point of beginning of this description.

Skamania County Assessor
Date 8/20/11 Parcel# 3-10-3-100
CS 3-10-2-200